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SURVEY OF FACTORY FIRST AID 1963–64

Issued by Medical Statistics Branch
of the Department of Health
Wellington, New Zealand

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DEPARTMENT OF HEALTH

SURVEY OF FACTORY FIRST AID 1963–64

by

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The opinions expressed in this report
are those of the author and do not
necessarily represent the views of the
Department of Health.

FOREWORD

In war time, the prompt and efficient treatment of casualties is axiomatic. In peace time, many injuries occur at work but much less thought is given to treatment. This may be because wounds are more trivial but the principle involved is the same; it is in the lesser cases that the factory first aider comes into his own.

It is therefore pertinent to enquire whether the training and facilities of first aiders in factories are adequate and this report indicates short-comings that will require some thought and attention. The question of training, in particular, is important as first aid is not learnt by instinct; but on the other hand it is not difficult to learn. The trained first aider is an asset, not only to his own factory but in the wider community field should a disaster occur, and he is an integral part of any civil defence scheme.

This survey is a good example of co-operation between the Departments of Health and Labour in seeking information on a problem common to both. I would like to express my appreciation to the Secretary of Labour for his assistance.

D. P. Kennedy.

Director, Division of Public Health

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SURVEY OF FACTORY FIRST AID 1963 - 1964

INTRODUCTION

This survey was prompted by the observation of a rising rate in cases of septic poisoning consequent upon industrial injury. This trend has been apparent since 1953 and over the five years 1957 - 61, 17.1% of all compensable injuries were cases in which septic poisoning had occurred. Because these figures are confined to returns of cases in which workers' compensation was paid, this does not present the full picture of sepsis arising from occupational injury.

Table 1 shows the total number of accident cases, cases where septic poisoning occurred and the percentage of these to total cases.

TABLE 1

TOTAL NUMBER OF COMPENSABLE ACCIDENT CASES, NUMBER OF CASES WHERE SEPTIC POISONING OCCURRED AND PER CENT OF THESE CASES OF TOTAL CASES: YEARS 1949 - 1961

Year	1949	1950	1951	1952	1953	1954	1955
Accident cases	30,075	32,929	33,489	37,201	39,523	40,581	42,038
Cases where septic poisoning occurred	3,716	4,437	3,879	3,752	3,712	5,062	5,529
%	12.4	13.5	11.6	10.1	9.4	12.5	13.2
Year	1956	1957	1958	1959	1960	1961	
Accident cases	43,630	45,490	51,945	53,313	53,650	54,249	
Cases where septic poisoning occurred	5,645	7,054	8,889	9,598	9,645	9,168	
%	12.9	15.5	17.1	18.0	18.0	16.9	

Source: New Zealand Official Year Books

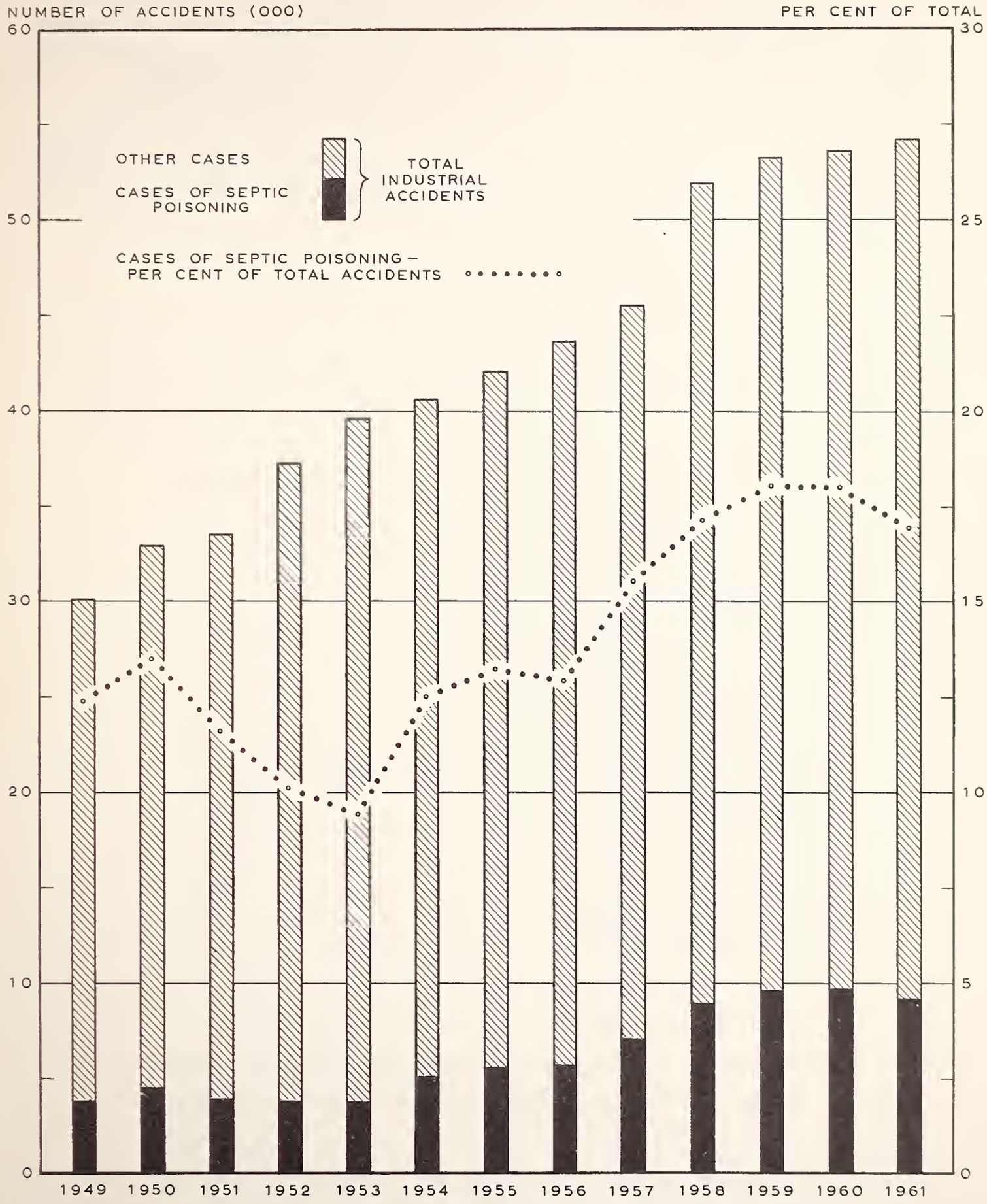
The trend is apparent in Figure 1.

Although first aid is defined as emergency treatment until medical aid is obtained, it has taken on a different meaning in industry. In many cases of minor injury, first aid treatment is the only treatment applied. Indeed, it is clear that the main function of first aid in most factories is to ensure that minor injuries are speedily treated so that the man loses as little time from work as possible, and that healing is optimum. The figures for cases of sepsis indicate that healing is retarded in a substantial and rising proportion of cases.

Are present first aid facilities and training such as to minimise the chance of sepsis in a case of industrial injury? This is the question which this survey attempts to answer.

FIGURE 1.

INDUSTRIAL ACCIDENTS 1949-61
TOTAL AND CASES OF SEPTIC POISONING



Section 65 of the Factories Act, 1946, states that:

> "The occupier of each factory shall provide and maintain first aid facilities, appliances, and requisites to the satisfaction of the Inspector, or, when a standard is prescribed, shall provide and maintain first aid facilities, appliances and requisites of the prescribed standard."

During the year of survey, no such standards were prescribed. Over the preceding years, the Department of Health has recommended certain standards and these were taken as the basis for part of this survey.

METHOD

During the year 1st April 1963 to 31st March 1964, Inspectors of Factories employed by the Department of Labour completed a survey form from all factories where routine inspections were carried out. All labour districts were included.

The form was designed to avoid subjective judgements as far as possible and the details collected were as follows:-

1. Details of the factory industry and number of staff, including office staff.
2. The number and location of first aid boxes.
3. Whether the boxes were situated within 100 yards from the workplace.
4. Whether the boxes were situated within 10 feet of a wash-hand basin.
5. Whether the equipment was adequate. This was based on a single recommended standard on the Department of Health's first aid poster (form H.D.49). This reads:

"MINIMUM EQUIPMENT - Suitable for 5 to 50 workers should include:

2 x 6 pkts (1 oz)	Cotton wool
1 lb (2 x 8 oz pkts)	Cotton wool (for emergency)
6 1-inch	Bandages, open wove
6 2-inch	Bandages, open wove
2 triangular	Bandages
1 pkt (large)	Sterile dressings
1 pkt (small)	Sterile dressings
2 tins (assorted sizes)	Adhesive wound dressings
1 bottle	Antiseptic detergent
1 pair	Scissors
1 pair	Forceps or tweezers
1	Eye loop or camel hair brush for removing foreign bodies
1 card	Safety pins
1	Small notebook and pencil

(This equipment needs adjusting for larger or smaller numbers of workers. In isolated centres, such as bush working gangs, it should be rather more elaborate)."

During the year of the survey, the Department of Health published new recommended scales by size of factory, but these were not used as a basis for judgement in the survey.

6. Whether the general condition of the first aid box was tidy or untidy. In the instructions issued with the form, this was defined as follows:

> "Tidy means some semblance of order in box".

7. Whether the general condition of the box was clean, moderately clean, or dirty. These conditions were defined as:

> "In estimating cleanliness, condition of inside of box and any open packets should be taken into account, e.g. clean box but with open packet of cotton wool that was dusty would be classed as 'moderately clean'. Presence of any dirty dressings, instruments or dishes puts box into the dirty class."

8. Whether a first aid room was provided and its size.

9. Whether a first aid room was equipped with a wash-hand basin.

10. Whether a first aid room was exclusively used for first aid purposes.

11. Whether records of treatment were kept.

12. The status of the person who carries out first aid treatment.

13. The training of the person who carries out first aid treatment.

14. The status of the person responsible for stock.

Details on the forms were coded, transferred to punch cards and machine tabulated.

A number of forms were returned with some items blank. Where up to two items were blank the rest of the form was coded and the numbers of "no replies" to a particular question are shown in the tables. Where more than two items were left blank or the information was otherwise inadequate, the form was rejected.

Eight thousand two hundred and twenty nine premises were inspected and forms completed. Forty nine of the forms were rejected and this survey therefore covers 8,180 premises.

RESULTS

The Sample

Factories registered in New Zealand numbered 20,273 on 31st December, 1963. The sample of 8,180 premises surveyed is 40.3% of the national total: the proportions of factories in size groups according to the number employed nationally, and in the survey also match closely. The figures are shown in Table 2.

TABLE 2

SIZE DISTRIBUTION OF FACTORIES REGISTERED AT 31ST DECEMBER, 1963 AND SIZE DISTRIBUTION OF SURVEY SAMPLE

Number of Employees	New Zealand		Survey	
	Number of Factories	%	Number of Factories	%
Up to 10	16,161	79.7	6,409	78.3
11 - 20	1,874	9.2	887	10.8
21 - 50	1,503	7.4	562	6.9
More than 50	735	3.7	309	3.8
Not Stated	-	-	13	0.2
Total	20,273	100.0	8,180	100.0

This survey therefore presents a fair picture of first aid in New Zealand factories as a whole.

First Aid Facilities

Of the factories surveyed:

130 (1.6%) had a first aid room and boxes.

15 (0.2%) had a first aid room only.

897 (11.0%) had more than one first aid box.

6,914 (84.5%) had one first aid box.

224 (2.7%) had no first aid facilities.

Total 8,180

Table 3 shows these facilities in relation to the number of employees.

TABLE 3

ALL FACTORIES: FIRST AID FACILITIES IN RELATION TO NUMBER OF EMPLOYEES

Number of Employees	Number of Premises	First Aid Room and Boxes	First Aid Room Only	More than One Box	One Box Only	No Facilities
Less than 6	5,115	14	-	172	4,734	195
6 - 10	1,294	4	-	163	1,107	20
11 - 20	887	4	1	217	661	4
21 - 50	562	23	3	226	309	1
51 - 100	178	22	3	86	67	-
101 - 200	74	30	3	22	19	-
201 - 500	43	25	4	9	5	-
Over 500	14	8	1	2	3	-
Not Stated	13	-	-	-	9	4
Total	8,180	130	15	897	6,914	224

Twenty two (16.9%) of the factories with first aid rooms and boxes had under 20 employees. Of the factories employing more than 100 people, 60 (45.8%) had no first aid rooms while 27 (20.6%) had only one first aid box.

Of the 224 factories having no facilities, 195 (87.1%) employed less than 6 men.

Siting of First Aid Boxes

Only 113 (1.4%) of first aid boxes were sited more than 100 yards from the work-place but 3,670 (46.2%) were located more than 10 feet from a wash-hand basin.

Of the 6,914 factories with a single box, 3,643 (52.7%) kept these in the workroom, 2,159 (31.2%) in the office, 911 (13.2%) in amenities and the remaining 201 were scattered in various other locations about the factory.

General Condition of Boxes

Equipment was adequate according to the scale above in 6,993 (88.1%) of 7,941 premises with facilities. In 901 factories (11.3%) the boxes were classified as untidy and the standard of cleanliness as defined above was:

Clean	4,997 (62.9%)
Moderately clean	2,812 (35.4%)
Dirty	127 (1.6%)
Not Stated	5 (0.1%)
Total	7,941

Since the question of cleanliness is important in any consideration of the possible causes of sepsis and of first aid, these figures have been more closely examined. Table 4 shows the standard of cleanliness in relation to the class of industry.

TABLE 4

STANDARD OF CLEANLINESS OF BOXES AND ROOMS IN RELATION TO CLASS OF INDUSTRY

	Standard of Cleanliness								
	Total	Clean		Moderately Clean		Dirty		Not Stated	
		No.	%	No.	%	No.	%	No.	%
Food	1,238	759	61.3	398	32.2	24	1.9	57	4.6
Beverages[3]	82	61	74.4	20	24.4	-	-	1	..
Tobacco manufacture	2	2	..	-	-	-	-	-	-
Textiles[1]	155	119	76.8	26	16.8	1	..	9	..
Footwear, other wearing[1] apparel and made up textile goods	421	323	76.7	84	20.0	2	..	12	2.8
Wood and cork products (except furniture)	806	492	61.0	294	36.5	8	1.0	12	1.5
Furniture and fittings	416	250	60.1	141	33.9	9	2.2	16	3.8
Paper and paper products	42	22	52.4	17	40.5	-	-	3	7.1
Printing, publishing etc.	224	150	67.0	59	26.3	5	2.2	10	4.5
Leather and leather products (except footwear & apparel)	67	45	67.1	17	25.4	1	..	4	..
Rubber products	54	28	51.8	23	42.6	1	..	2	..
Chemical and chemical products	68	41	60.3	25	36.7	1	..	1	..
Petroleum and coal products	42	31	73.8	11	26.2	-	-	-	-
Non-metallic mineral products[3]	187	98	52.4	76	40.6	6	3.2	7	3.8
Basic metal manufacture[3]	61	29	47.5	30	49.2	2	3.3	-	-
Metal products (except[2] machinery and equipment)	593	327	55.1	247	41.7	12	2.0	7	1.2
Machinery (except electrical[3])	651	371	57.0	257	39.5	11	1.7	12	1.8
Electrical machinery and appliances[1]	453	319	70.4	113	24.9	4	..	17	3.8
Transport equipment	1,323	786	59.4	485	36.6	22	1.7	30	2.3
Miscellaneous products[2]	1,295	744	57.4	489	37.8	18	1.4	44	3.4
Total	8,180	4,997	61.1	2,812	34.4	127	1.5	244	3.0

1. P. - 0.1% 2. P. - 1% 3. P. - 5%

Note: The 244 'not stated' include 224 factories where no facilities were provided.

.. Indicates numbers too few for proportion to be meaningful.

This shows that cleanliness is significantly better than that of the total survey in the textile, footwear, other wearing apparel, made up textile goods and electrical appliance industries; and it is significantly worse in non-metallic mineral products, basic metal manufacture, metal and machinery (except electrical) industries and in the miscellaneous group. The rubber industry shows a tendency towards the latter category but this is not statistically significant as only 54 premises were surveyed.

The inference to be drawn is that, in general, the cleaner the industry, the cleaner the first aid facilities.

Table 5 shows the factories with moderately clean or dirty boxes in relation to their tidiness and adequacy of stock according to the number of employees.

TABLE 5

FACTORIES WITH FIRST AID BOXES: MODERATELY CLEAN OR DIRTY FIRST AID BOXES IN RELATION TO GENERAL CONDITION AND TO NUMBER OF EMPLOYEES

Number of Employees	Less than 6	6-10	11-20	21-50	51-100	101-200	201-500	Over 500	Not Stated
Number of Premises	5,115	1,294	887	562	178	74	43	14	13
Boxes moderately clean or dirty	1,927	484	294	168	39	18	5	1	3
%	37.7	37.4	33.1	29.9	21.9	24.3	11.6	..	..
Boxes moderately clean or dirty and untidy	569	142	90	46	7	1	3	1	1
Boxes moderately clean or tidy and stock inadequate	443	128	74	39	8	3	2	1	-
Boxes moderately clean or dirty, untidy and inadequate stock	323	80	50	26	4	1	2	1	-
%	6.3	6.2	5.6	4.6	..	..	..	..	-

.. Indicates numbers too few for proportion to be meaningful.

This shows that there is a preponderance of factories employing less than 20 men with unsatisfactory boxes.

Using the three indices of cleanliness, tidiness and adequacy of stock to determine the general condition of first aid boxes, it is possible to show that just under half failed in one or more respect.

A total of 3,710 boxes (46.7%) in 7,941 premises were unsatisfactory. One thousand six hundred and sixty five were faulted on only one of the indices; 1,558 were moderately clean and were either untidy or inadequately stocked, and 487 were found wanting in all three indices.

First Aid Rooms

One hundred and forty five first aid rooms were included in the survey, 130 of which were used in conjunction with boxes. The distribution of rooms in relation to the number of employees is shown in Table 3.

Eighty nine (61.4%) of the rooms exceeded 100 square feet in area, and 106 (73.1%) were exclusively used for first aid purposes: those with non exclusive use were in the smaller factories. One hundred and twenty seven (87.6%) were fitted with a wash-hand basin.

Records

While it has been recommended for many years that records of all first aid treatments should be kept, this was found to be little done.

Of all premises with facilities:

1,502 (18.9%) kept records

6,190 (77.9%) did not keep records

249 (3.2%) not stated.

Records tended to be better kept in first aid rooms. Of all first aid rooms:

104 (71.7%) kept records

41 (28.3%) did not keep records.

Training

Training in first aid in New Zealand is provided by the St John Ambulance Association and the Red Cross Society. Both organisations issue first aid certificates which are valid for three years.

Table 6 shows the status of first aiders (which is defined here as including nurses) in relation to training.

TABLE 6

FACTORIES WITH FACILITIES: STATUS OF FIRST AIDERS IN RELATION TO TRAINING

Status	Training					
	Current F.A. Certificate	Expired F.A. Certificate	Other F.A. Experience	No Training	Total	%
Nurse: wholetime	21	-	-	-	21	0.3
Nurse: also doing other work	55	-	-	-	55	0.7
First aider wholetime	25	2	1	-	28	0.3
Executive	54	120	36	2,883	3,093	38.8
Foremen	75	108	29	1,143	1,355	17.0
Storemen	14	5	2	58	79	1.0
Office worker	31	26	3	240	300	3.8
Workman	96	35	21	475	627	7.9
Men carry out own treatment	-	-	-	2,376	2,376	29.9
Not stated	-	-	-	22	22	0.3
Totals	371	296	92	7,197	7,956	
%	4.7	3.7	1.1	90.5	100.0	

NOTE: For convenience, nurses are noted as holding current certificate by virtue of their training.

These figures are shown graphically in Figure 2.

Only 371 (4.7%) first aiders hold a current first aid certificate but as this total includes 76 nurses (55 of whom are also doing other work in the factory) the true proportion of fully trained first aiders falls to 3.7%. A further 296 (3.7%) hold an expired first aid certificate while 92 (1.1%) have had other first aid experience or professional training. This includes a wide number of items but the biggest single class is those that have had experience in the Armed Services. The remaining 7,197 (90.5%) have had no training in first aid.

The status of the first aider showed that in 3,093 factories (38.9%) an executive carried out treatments. In 2,376 (29.9%) the men treated their own injuries; this figure includes 45 factories employing 21 - 500 men and two employing more than 500 men. In 1,355 (17.0%) the foreman was responsible and in 1,006 (12.6%) a storeman, workman or member of the office staff was the first aider. The high proportion of executives in this category is surprising but the number of trained first aiders among them was the lowest of any category, except where men do their own treatments; here it had to be assumed that none was trained. Executives appear to undertake this duty in the smaller

FIGURE 2.

FIRST AIDERS IN RELATION TO TRAINING

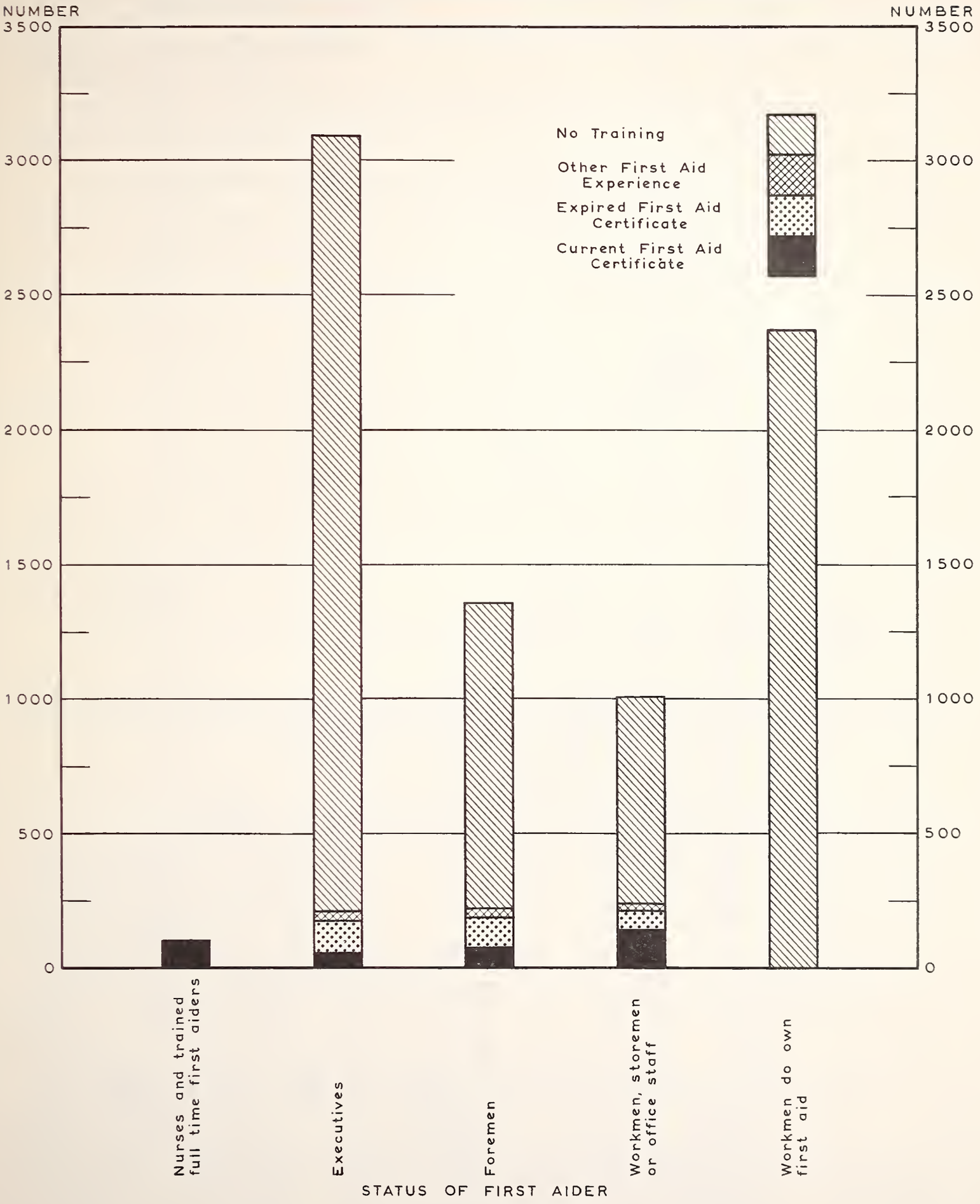


TABLE 7

STATUS OF PERSONS RESPONSIBLE FOR STOCK IN RELATION TO STATUS OF FIRST AIDER

Status of person responsible for stock	Status of First Aider								
	Nurse whole or part time	First aider whole time	Executive	Foremen	Storemen office worker or workmen	Men carry out own treatment	Not stated	Total	%
Nurse whole or part time	49	-	2	5	1	-	-	57	0.7
First aider wholetime	-	24	-	-	1	-	-	25	0.3
Executive	20	3	3,057	270	458	1,904	-	5,712	71.8
Foremen	4	1	8	1,019	92	298	-	1,422	17.9
Storemen, office worker or workman	3	-	20	52	453	115	-	643	8.1
Men order own stock	-	-	-	-	-	57	-	57	0.7
Outside firm	-	-	3	3	-	2	-	8	0.1
Not stated	-	-	3	6	1	-	22	32	0.4
Total	76	28	3,093	1,355	1,006	2,376	22	7,956	100.0
%	1.0	0.3	38.9	17.0	12.6	29.9	0.3	100.0	

NOTE: Figures between diagonal lines represent numbers in which the person responsible for equipment is of same status as first aider and is probably the same person. These total 4,602 or 82.8% of 5,558 factories who have a first aider.

factories since in 7,296 factories employing twenty men or less 2,949 (40.4%) undertook this duty, while in 871 factories employing more than twenty men 154 (17.7%) executives were concerned.

Responsibility for Stock

Table 7 shows the status of persons responsible for stock in relation to the status of the first aider.

In 5,712 (71.8%) factories this is an executive. Only 8 outside firms (i.e. firm specialising in stocking first aid boxes and supervising them on a contract basis) are noted as being responsible for factory first aid boxes. In fact, the number is probably larger and is included in the executives so responsible since this category was not included specifically in the code.

Excluding the premises in which men carry out their own treatments, it is probable that in 4,602 (82.8%) of 5,558 factories, the first aider is responsible for his own equipment.

When the status of persons responsible for stock was studied in relation to adequacy of stock it was found that no particular status category predominated in maintaining inadequate stock.

Effect of Training

Table 8 shows the effect of training on adequacy of stock, cleanliness and the keeping of records.

TABLE 8

FACTORIES WITH FIRST AID BOXES: ADEQUACY OF STOCK, CLEANLINESS, AND KEEPING OF RECORDS IN RELATION TO TRAINING OF FIRST AIDER

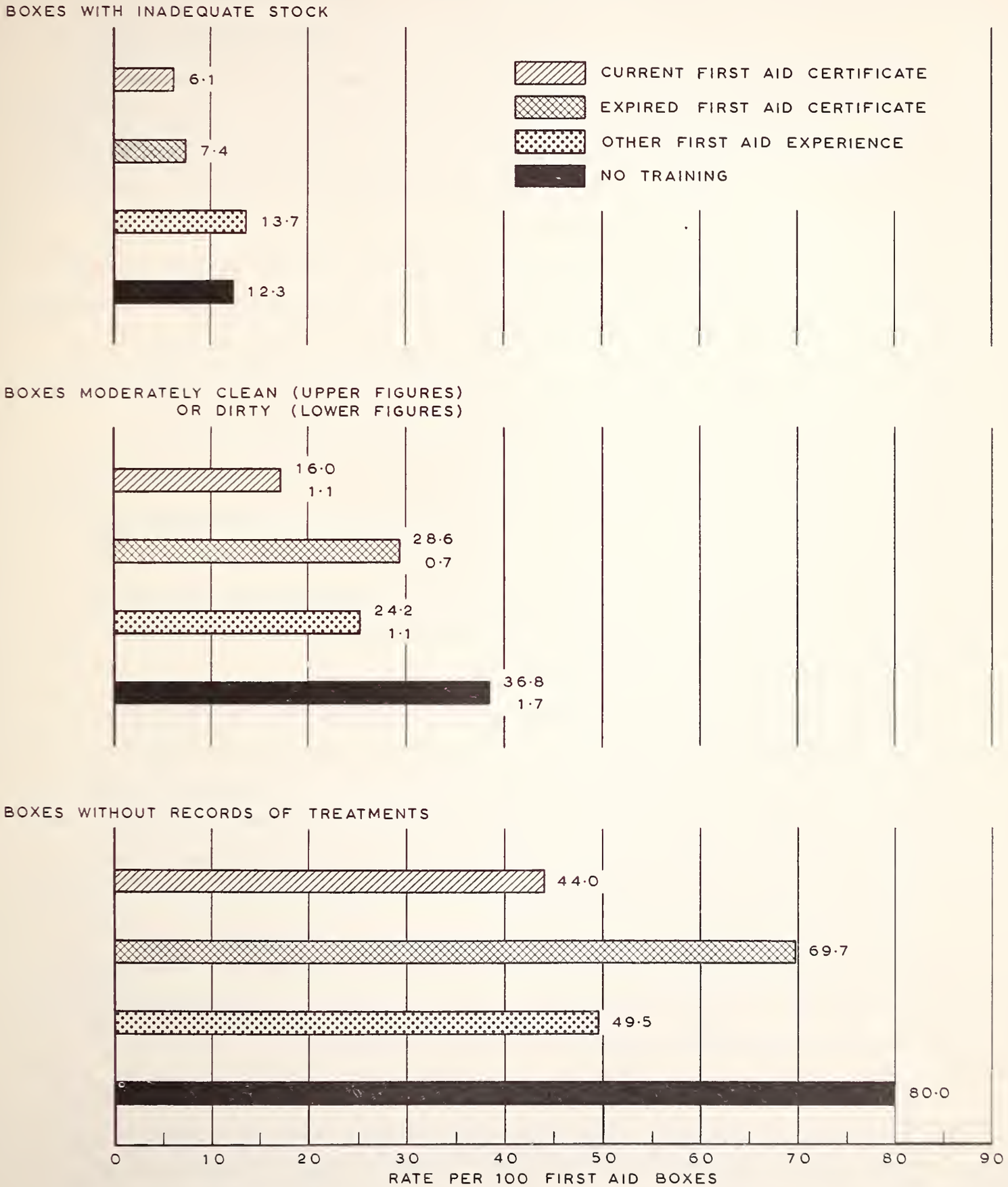
	Training					
	Current first aid certificate	Expired first aid certificate	Other experience	No training	Not stated	Total
Stock adequate	333	274	81	6,294	10	6,962
Stock inadequate	22	22	13	883	-	940
Not stated	8	1	1	29	-	39
Stock inadequate Rate per 100 premises	6.1	7.4	13.7	12.3	-	-
Clean	293	210	70	4,387	5	4,965
Moderately clean	58	85	23	2,641	5	2,812
Dirty	4	2	1	120	-	127
Not stated	8	-	1	28	-	37
Rate per 100 premises						
Moderately clean	16.0	28.6	24.2	36.8	-	-
Dirty	1.1	0.7	1.1	1.7	-	-
Records kept	156	82	44	1,206	10	1,498
Records not kept	161	207	47	5,739	-	6,154
Not stated	46	8	4	231	-	289
Records not kept Rate per 100 boxes	44.4	69.7	49.5	80.0	-	-

The rates shown in this table are plotted in Figure 3.

It is apparent that men holding a current first aid certificate, while by no means perfect, have a better record in these respects than any other group. Those with expired certificates approximate more closely to those with no training than to those holding a current certificate except in adequacy of stock. Those with other experience show no consistent pattern; this is probably due to the diverse nature of their experience.

FIGURE 3.

ADEQUACY OF STOCK, CLEANLINESS AND KEEPING OF RECORDS IN RELATION TO TRAINING IN FIRST AID



DISCUSSION

This survey has brought to light a number of features in first aid in factories which cculd well have a bearing on the high incidence of cases of sepsis.

While the majority of factories fulfil their legal obligations in the absence of prescribed standards it is clear that in many premises insufficient thought has been given to the siting and general condition of first aid facilities. It might perhaps be expected that some of the smaller factories should fail in these respects but larger units are by no means immune from criticism. In particular, the number of first aid rooms in larger factories is disappointing.

There seems to be little realisation of the value of training although its worth is indicated in the survey. Trained men tended to have cleaner, more adequately stocked boxes, and if pride in the job can be inferred from this, then their standard of practice might be higher. However, the trend diminished considerably for those trained but not holding a current certificate and this would indicate the wisdom of the certifying societies in making certificates valid for only 3 years. Moreover, as medical procedures improve, so does first aid training alter. A recent example of this is the introduction of mouth to mouth artificial respiration. This fact also supports the rule of the societies.

The fact that a number of boxes in the charge of a trained first aider failed on the counts of adequacy of stock and cleanliness also indicates the need for more emphasis on these points in first aid training.

The part played by executives in first aid is surprising as this would not normally be considered part of an executive's job-content unless he had a special interest in first aid. The number of cases where men were allowed to carry out their own treatment seems to indicate a certain lack of concern on the part of management and the suspicion must be raised that, in a number of cases where an executive was said to be responsible for first aid treatment, the men in fact carried out their own treatment.

The lack of consideration of first aid facilities in some larger factories is evidenced by the fact that in 57 factories employing more than 200 men, 8 had only one first aid box and in 5 the men carried out their own treatments. Only 20 of this group had a nurse or trained first aider with a current certificate.

The essentials of good first aid can be said to be:

(a) Cleanliness of treatment: this infers clean adequate stock and a place for the first aider to wash his own hands before treatment, close to the first aid box.

(b) Knowledge of treatment: first aid treatment is a form of medical treatment and it cannot be learnt by instinct.

(c) The keeping of adequate records: these can be valuable, not only in compensation cases, but for a study of accident incidence within departments of a factory. Such a study is an essential part of accident prevention, and a suggested form in which records should be kept is shown in the Appendix to this report.

At the beginning of this survey, the question was posed: "Are present first aid facilities such as to minimise the chance of sepsis in a case of industrial injury." Using the first two criteria (a) and (b) above, the answer must be in the negative in the case of about half the factories surveyed.

SUMMARY AND RECOMMENDATIONS

1. A survey of 8,180 factories shows that all but 224 (2.7%) provided either a first aid room or box.

2. Of those providing facilities, 3,670 (46.2%) are sited more than 10 feet from a wash-hand basin; 2,812 (35.4%) were classified as moderately clean and 127 (1.6%) as dirty.

3. There is a tendency for industries involving dirty work to have unclean first aid facilities.

4. When cleanliness, tidiness and adequacy of stock are considered, 3,710 (46.7%) first aid boxes failed in one or more respect.

5. Records of treatments given were kept in only 1,502 (18.9%) factories.

6. Apart from industrial nurses, 295 (3.7%) factories have a first aider holding a current first aid certificate while a further 296 (3.7%) have an expired certificate and 92 (1.1%) have had other experience.

7. Those holding a current certificate tend to have cleaner, more adequately stocked first aid boxes and to keep records more than untrained first aiders. Those holding an expired certificate tend more to present the picture of untrained men than of those holding a current certificate.

8. Executives play a great part in both performing first aid and in responsibility for stock.

9. While there was a tendency for more unsatisfactory facilities to be found in smaller factories, a substantial proportion of larger factories have unsatisfactory facilities.

It is recommended that:

1. More consideration needs to be given to the siting of first aid boxes near wash-hand basins and to the maintenance of the box in a clean, tidy and adequately stocked condition. This is particularly needed in industries where general work is dirty.

2. All larger factories should provide first aid rooms: this would apply to factories employing more than 100 persons and to smaller undertakings where the injury risk is high.

3. First aid boxes should be in charge of a first aider who should carry out treatments and be responsible for maintenance and cleanliness of stock. This need not and in many cases it is undesirable that it should be, an executive. Except in the smallest factories, executives are unlikely to be available all the time and

the pressure of work may be such that he cannot give his undivided attention to first aid when the need arises.

4. The number of trained first aiders in industry needs to be substantially increased, particularly in larger factories.

5. More emphasis should be laid in first aid teaching, on care and maintenance of equipment.

ACKNOWLEDGMENT

My thanks are due to the Factory Inspectors of the Department of Labour for conscientiously completing the survey forms.

APPENDIX

The Recording of First Aid Treatments

The form in which first aid treatments are recorded can give valuable assistance in completing compensation claim reports and in assessing morale. To be really useful, the information that should be recorded for each case is as follows:

Date

Time

Wage number (if applicable)

Name

Job or Department (or both depending on organisation of factory)

Brief note of injury

How injury happened

Treatment

Disposal (i.e. whether returned to work, sent home, sent to doctor or hospital)

Initials of person rendering treatment.

A typical line might read:

10.5.64	11.10 a.m.	734	Brown W.	Boiler Shop	Cut and bruised L thumb	Hit with hammer	Cetrimide; adhesive dressing	Work	A.B.

Redressings should be written in a different colour.

In larger factories, a separate book should be kept for recording non industrial ailments such as headaches or sports strains.

The advantages of this form of recording are:

1. The noting of the date and time is of assistance in completing compensation reports. If a man offers first aid treatment as an excuse for absence from his place of work, this can be verified.

2. By recording department, it is possible to see whether any particular department is having more injuries by relating the number of attendances in a given period to the number of men employed or hours worked in the department. A steady rate for any department probably reflects the degree of hazard but a fluctuating rate often gives information on morale or efficiency in that department.

3. A brief note of how the injury happened brings common hazards to attention. This also can be related to specific departments and remedial action taken. An example would be a high prevalence of eye injuries in a particular department.

4. The disposal of the patient is an indication of how serious the injury appeared at the time and is of value in compensation claims.

5. The initials of the first aider are to identify the person rendering treatment.

This form of record is kept in Occupational Health Clinics operated by the Department of Health and has been found, over many years' experience, to be simple, effective, and not time consuming.

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